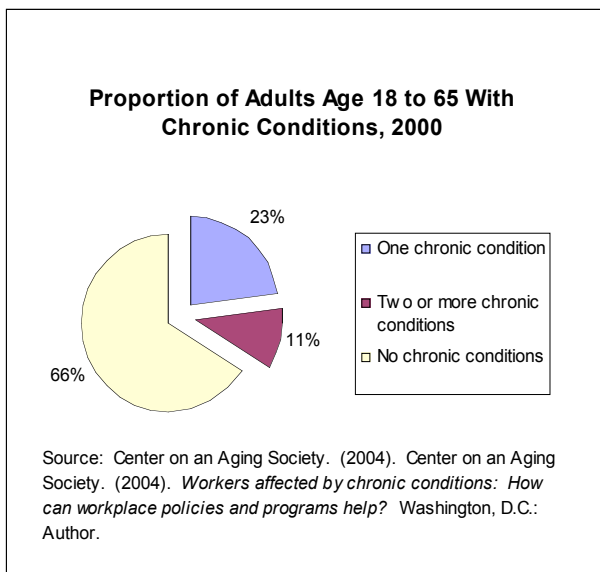


WORKERS WITH DISABILITIES: THE ROLE OF WORKPLACE FLEXIBILITY

1) What are the trends in workforce participation of individuals with disabilities?

- In 2002, 21% of the U.S. population age 15 and over reported having a disability.ⁱ
 - Of those aged 21-64 years who reported having a disability, 55.9% were employed at some time during the year preceding the survey.ⁱⁱ

- An even larger number of workers are affected by chronic and other medical conditions that can result in temporary or permanent disability.



- 34% of adults age 18 to 65 have at least one chronic condition.ⁱⁱⁱ

- Arthritis, for example, is a chronic condition affecting a large part of the adult population with one in five adults age 18 or over, or nearly 43 million people, reporting the diagnosis.^{iv} Furthermore, the federal Survey of Income and Program Participation indicates that arthritis is the leading cause of activity limitations reported by individuals age 21 to 64 years old with disabilities, second only to back and spine problems.^v

- By 2030, an estimated 67 million adults will have been diagnosed with arthritis, and working age adults (45-64) will account for almost one third of all cases.^{vi}

- Cancer, a serious health condition, is likely to affect 38% of women and 45% of men, often requiring debilitating treatments or resulting in transient or long term limitations that can impact work.^{vii}

- The number of workers with disabling and chronic conditions is expected to grow as the workforce ages.

- Between 2002 and 2012, the number of workers 55 years and older is projected to grow by 50%.^{viii}
- Federal survey data indicate that 38.4% of people 65 to 69 years old report having a disability, compared with 19.4% of people 45 to 54 years old and 8.4% of people under 15.^{ix}
- By the year 2020, researchers predict that 50% of the U.S. population will have at least one chronic condition and 25% will be living with multiple chronic conditions.^x

- Unemployed individuals with disabilities desire and/or need to work.
 - According to a nationally representative survey, 63% of individuals with disabilities who are not working would prefer to be working.^{xi}
 - In another national study, researchers found that 25% of individuals with disabilities working part-time in 2000 desired full-time work.^{xii}
 - Nearly 88% of employed people who develop cancer wish to remain at work after their diagnosis and during their care.^{xiii}
 - Disabled individuals need improved opportunities to work as they are more than twice as likely to live in poverty as individuals without disabilities, 24% compared to 9%.^{xiv}

2) How does the structure of work limit the employment of people with disabilities?

- Standard work schedules lack the flexibility that disabled and chronically ill workers need in order to manage their health-related concerns.^{xv}
 - The treatment schedules of people with cancer provide an illustration of the flexibility their medical care requires. According to a national study of adult cancer patients, 30% received chemotherapy treatment on a weekly basis; 13% received treatment once every 2 weeks; 37% received treatment once every three weeks; and 10% received treatment every 4 weeks.^{xvi}
 - The same study found that doctor's visits required almost three hours of the patient's time per visit, while chemotherapy appointments required almost 6 hours, and laboratory appointments required approximately 2 hours of time per visit.
 - End-stage renal disease, which affected nearly half a million U.S. residents in 2003, requires regular treatment that often affects workforce attachment.
 - Of those receiving dialysis, over 90% are treated at dialysis centers,^{xvii} with most patients receiving treatment three times a week for at least 3 to 5 hours each visit.^{xviii}
 - Limited treatment hours constrain the scheduling options of dialysis patients and increase the impact on work opportunities. Fewer than 20% of dialysis facilities offer treatment after 5 p.m. and only 1 in 5 dialysis patients aged 18-54 years old is currently employed full or part time.^{xix}
 - Among the estimated 44 million adults who experience mental illness in a given year^{xx} are many who can and want to continue working but require flexible work arrangements to accommodate stress, treatment and other needs.^{xxi}
 - Some disabling conditions result in fatigue and temporary or permanent needs for reduced work loads or opportunities for rest.^{xxii}
- Some worksites are geographically inaccessible to people with disabilities.
 - According to a nationally representative survey, 31% of individuals with disabilities have inadequate access to transportation.^{xxiii} Telecommuting and home-based work can be useful in addressing the transportation barriers faced by some people with disabilities who are seeking work.^{xxiv}
- Work-related accommodations, including flexible work arrangements, are not available to many people with disabilities and chronic health conditions.

- According to the National Health Interview Survey on Disability, only 18% of employed individuals with disabilities reported using an accommodation;^{xxv} 30% of non-working disabled individuals reported needing an accommodation in order to work.^{xxvi}
 - 12% of disabled adults who were not working at the time of the survey reported that they needed a special work arrangement such as flexible or reduced work hours.^{xxvii}
- In spite of demographic shifts, the rate of accommodations for older workers, including changes to hours, schedules and other work arrangements, has declined.
 - According to a nationally representative study of older workers, 31% of disabled workers age 50-60 reported receiving accommodations from employers in 1994 compared with 22% in 2000.^{xxviii}

3) What is the role of workplace flexibility in the employment of individuals with disabilities?

- Federal government agencies and national organizations have identified components of workplace flexibility as critical to retaining workforce attachment for individuals with disabilities and chronic health conditions.
 - The Department of Labor's Job Accommodation Network recommends a variety of flexible work arrangements for over 80% of the impairments included on their technical assistance website.^{xxix}
 - The Office of Personnel Management and the Equal Employment Opportunity Commission recommend flexible work arrangements as reasonable accommodations for individuals with disabilities.^{xxx}
 - Some federal agencies provide flexible work related recommendations for specific populations for whom they provide services. For instance, the US Department of Health and Human Services Substance Abuse and Mental Health Administration provides employer and employee guidance related to diverse workplace flexibility needs of people with mental illness.^{xxxi}
 - The American Cancer Society, the National Multiple Sclerosis Society, The National Mental Health Association, United Cerebral Palsy, and the United Spinal Association are among the many national disability and illness-related organizations that promote flexible work arrangements for their constituencies.^{xxxii}
 - National organizations representing the private sector have also addressed the role of flexibility for people with disabilities. For instance, the U.S. Chamber of Commerce promotes flexible work arrangements as a method for businesses to attract and retain workers with disabilities.^{xxxiii}
- Many people with disabilities and chronic illnesses can find or keep work if they have access to relatively low cost flexible work arrangements. Keeping people with disabilities working can provide advantages to employers as well as to public social welfare systems.
 - In a federally funded study of workers with disabilities, researchers found that flexible work schedules were a particularly important accommodation for maintaining workforce attachment.^{xxxiv}
 - Respondents stated that flexible scheduling allowed them to work efficiently, keep doctor appointments, and stay healthy.

- According to a study conducted by the Cornell Employment and Disability Institute, workers who received accommodations following the onset of their disability were significantly less likely to apply for SSDI benefits.^{xxxv}
- A study of breast cancer survivors found that perceived willingness of employers to provide accommodations for illness and treatment related needs was significantly associated with the survivor's return to work at 12 and 18 months after the initial diagnosis.^{xxxvi}
- An ongoing national survey of employers using the Job Accommodation Network has found that half of the accommodations they provided were at no cost to the employer. Many employers identified "changing a work schedule" as a no-cost accommodation.^{xxxvii}
 - The direct benefits of these accommodations most frequently identified by participating employers were that the accommodations:
 - allowed the company to retain a qualified employee;
 - eliminated the costs of training a new employee; and
 - increased workers' productivity.

4) The need for flexibility among people with disabilities matches the growing interest in flexibility for all workers.

- Work demands have increased for many employees.
 - In 1970, couples worked a combined average of 52.5 hours per week. Now, couples work a combined average of 63.1 hours per week and almost 70% of them work more than 80 hours per week.^{xxxviii}
 - 92% of all American workers feel that they don't have enough flexibility at work to meet the needs of their families.^{xxxix}
- There is a growing desire among employees for access to various forms of flexible work arrangements.
 - Nearly 80% of all workers say they would like to have more flexible work options and would use them if there were no negative consequences at work.^{xl}
- Despite the interest in flexible work, these arrangements are not widespread.
 - According to a nationally representative survey, only 27.5% of the workforce worked a flexible schedule in 2000.^{xli}
 - Census data indicate that telecommuting and home based work was used by only 3.3% of workers in 2000.^{xlii} Additionally, despite extensive support for telecommuting arrangements in federal government, the Office of Personnel Management reports that only 19% of eligible federal government employees participated in a telework arrangement in 2004.^{xliii}
- Flexible work arrangements have been shown to increase worker productivity and decrease costs to businesses.
 - Reducing unscheduled absences is particularly important to business given the high costs associated with unplanned absence. One survey found that in 2005, absenteeism cost organizations approximately \$660/employee. For some large employers, absenteeism resulted in losses of over \$1 million per year.^{xliv}
 - The same survey found that flexible work arrangements rank at the top of work-life programs in effectiveness.^{xlv}

- In another study, 63% of workers using flexible work arrangements said they were absent less often as a result of their flexible work schedule.^{xlvi}
- Employers report flexible options are advantageous in recruiting and retaining valuable employees.^{xlvii}

ⁱ U.S. Census. (2006). *Prevalence of disability by age, sex, race, and Hispanic origin: 2002*. Retrieved July 2006, from <http://www.census.gov/hhes/www/disability/sipp/disable02.html>. The survey design is a continuous series of national panels, with sample size ranging from approximately 14,000 to 36,700 interviewed households. Data are nationally representative. Defining disability is complex. The Survey of Income and Program Participation identified people 15 years and older as having a disability in a communication domain if they had difficulty seeing, hearing or speaking; if they were blind or deaf; or if they identified one or more related conditions as the cause of a reported activity limitation (blindness or vision problem, deafness or hearing problem, or speech disorder). People 15 years and older were identified as having a disability in a physical domain if they used a wheelchair, cane, crutches, or walker; if they had difficulty with one or more functional activities (walking a quarter of a mile, climbing a flight of stairs, lifting something as heavy as a 10-pound bag of groceries, grasping objects, getting in or out of bed); or if they identified one or more related conditions as the cause of a reported activity limitation (arthritis or rheumatism, back or spine problems, broken bone or fracture, cancer, cerebral palsy, diabetes, epilepsy, head or spinal cord injury, heart trouble or hardening of arteries, hernia or rupture, high blood pressure, kidney problems, lung or respiratory problems, missing legs, arms, feet, hands, or fingers, paralysis, stiffness or deformity of legs, arms, feet or hands, stomach/digestive problems, stroke, thyroid problems, or tumor, cyst or growth). People 15 years of age and older were identified as having a disability in a mental domain if they had one or more specified conditions (a learning disability, mental retardation or another developmental disability, Alzheimer's disease, or some other type of mental or emotional condition); if they had any other mental or emotional condition that seriously interfered with everyday activities (frequently depressed or anxious, trouble getting along with others, trouble concentrating, or trouble coping with day-to-day stress); if they had difficulty managing money/bills; or if they identified one or more related conditions as the cause of a reported activity limitation (attention deficit hyperactivity disorder, autism, learning disability, mental or emotional problems, mental retardation, or senility, dementia, or Alzheimer's). For more information, see the full report at <http://www.census.gov/prod/2006pubs/p70-107.pdf>.

ⁱⁱ U.S. Census. (2006). *Disability status, employment, and annual earnings: individuals 21 to 64 years old: 2002*. Retrieved July 2006, from <http://www.census.gov/hhes/www/disability/sipp/disable02.html>.

ⁱⁱⁱ Center on an Aging Society. (2004). *Workers affected by chronic conditions: WORKPLACE FLEXIBILITY 2010 programs help?* Washington, D.C.: Author. Retrieved July, 2006, from <http://ihcrp.georgetown.edu/agingsociety/pubhtml/workplace/workplace.html>. Data are from the author's analysis of the 2000 Medical Expenditure Panel Survey. The Survey is drawn from a nationally representative subsample of households who participated in the National Health Interview Survey in the prior year. For information, see: <http://www.meps.ahrq.gov/>

^{iv} U.S. Department of Health and Human Services (2004, July). *Summary health statistics for U.S. adults: National Health Interview Survey, 2002*. Hyattsville, MD: Author, p. 28. Retrieved August 2006, from http://www.cdc.gov/nchs/data/series/sr_10/sr10_222acc.pdf

^v U.S. Census Bureau. (2002). *Disability status, employment, and annual earnings: Individuals 21-46 years old: 2002*. Retrieved July 2006, from <http://www.census.gov/hhes/www/disability/sipp/disab02/ds02t5.pdf>. Data are from the Survey of Income and Program Participation. See also Stoddard, S., Jans, L., Ripple, J., and Kraus, L. (1998). *Chartbook on work and disability in the U.S.* Washington, D.C.: National Institute on Disability and Rehabilitation Research. Retrieved July 2006, from <http://www.infouse.com/disabilitydata/workdisability/workdisability.pdf>. This report utilizes data from the National Health Interview Survey, in which a work limitation is defined as a chronic health condition that prevents performance of work, allows only certain types of work to be performed, or prevents an individual from working regularly.

^{vi} Hootman, J.M., & Helmick, C.G. (2006, January). Projections of U.S. prevalence of arthritis and associated activity limitations. *Arthritis and Rheumatism* 54(1), p. 226. The authors utilize the National Health Interview Survey, which is the most recent national level data for their analysis and projections.

^{vii} Reis, L.G., Eisner, M.P., Kosary, C.L., Hankey, B.F., Miller, B.A., Clegg, L., Mariotto, A., Feuer, E., Edwards, B.K. (eds) (2004). *SEER cancer statistics review, 1975-2002*. Bethesda, MD: National Cancer Institute. Retrieved July 2006, from http://seer.cancer.gov/csr/1975_2002/results_single/sect_01_table.14.pdf.

^{viii} Toosi, M. (2004, February). Labor force projections to 2012: The graying of the U.S. workforce. *Monthly Labor Review*, p. 38.

^{ix} U.S. Census. (2006). *Americans with disabilities: 2002*. Washington, D.C.: Author, p. 3. Retrieved August 2006, from <http://www.census.gov/prod/2006pubs/p70-107.pdf>. Data derived from the Survey of Income and Program Participation. See note 1 for the survey methodology and the definition of disability used in the survey.

- ^x Partnership for Solutions. (2004). *Chronic conditions: Making the case for ongoing care*. Baltimore, MD: Author. Retrieved October 2006 from <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>. See also Wu, Shin-Yi and Green, Anthony. (2000). *Projection of chronic illness prevalence and cost inflation*. Santa Monica, CA: RAND Corporation.
- ^{xi} National Organization on Disability. (2004, June). *Landmark disability survey finds pervasive disadvantages*. Washington, D.C.: Author. Retrieved July 2006, from <http://www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=1422&redirected=1&CFID=8550110&CFTOKEN=85854806>. Data are taken from a nationally representative survey of 1,038 people with disabilities and 988 people without disabilities.
- ^{xii} Shur, L., and Kruse, D. (2002). *Non-standard work arrangements and disability income*. Champaign, IL: Disability Research Institute, p. 16.
- ^{xiii} Kessler, R.C., Greenberg, P.E., Mickelson, K.D., Meneades, L.M., & Wang, P.S. (2001, March). The effects of chronic medical conditions on work loss and work cutback. *Journal of Occupational and Environmental Medicine* 43(3), p. 224. This data is based on the authors' analysis of the MacArthur Foundation Midlife Development in the U.S. Survey, a nationally representative telephone mail in survey of 3,032 respondents in the age range of 25-74 years.
- ^{xiv} Houtenville, A. (2005). *2004 Disability status reports*. Ithaca, NY: Employment and Disability Institute, p.10. Retrieved July 2006, from <http://digitalcommons.ilr.cornell.edu/edicollect/180>. This report uses data from the American Community Survey, a nationally representative survey conducted by the U.S. Census. In 2000-2004, the ACS collected information from a sample of over 700,000 addresses in the U. S. per year. Due to the wording of the survey, it is more likely to capture the population having long-lasting disabilities rather than short-term disabilities, and it does not capture the population of individuals with disabilities living in institutions. An individual is considered disabled if: they report blindness, deafness, or a severe vision or hearing impairment; if they have a long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; if a person has difficulty learning, remembering, concentrating, dressing, bathing, or getting around inside the home because of a physical, mental, or emotional condition lasting six months or more; or if an individual has difficulty going outside the home alone to shop or visit a doctor's office, or working at a job or business, due to a physical, mental, or emotional condition lasting 6 months or more.
- ^{xv} See, for example, Chirikos, T., Russel-Jacobs, A., and Russel-Jacobs, P. (2002). Functional impairment and the economic consequences of female breast cancer. *Women and Health* 36, 1-20; a fact sheet series compiled by the Job Accommodation Network, at <http://www.jan.wvu.edu/media/ideas.html>; a series of white papers produced by Randee Chafkin for the Society for Human Resource Management (SHRM), including *Work-site accommodation for people with psychiatric disabilities*. Retrieved July 2006, from http://www.shrm.org/hrresources/whitepapers_published/CMS_000316.asp, and *Work-site accommodations for people with HIV illness*, retrieved July 2006, from http://www.shrm.org/hrresources/whitepapers_published/CMS_000314.asp.
- ^{xvi} Fortner, B., Tauer, K., Zhu, L., Ma, L., and Schwartzberg, L. (2004). The impact of medical visits for chemotherapy-induced anemia and neutropenia on the patient and caregiver: A national survey. *Community Oncology* 1(4), 211-217. The data are derived from a sample of 15,785 cancer patients who were surveyed at 649 clinics across the United States.
- ^{xvii} The statistics indicate ~325,000 patients received dialysis treatment; U.S. Department of Health and Human Services (2006, April). *Kidney and urologic diseases statistics for the United States*. Bethesda, MD: The National Kidney and Urologic Diseases Information Clearinghouse. Retrieved August 2006, from <http://www.kidney.niddk.nih.gov/kudiseases/pubs/kustats/index.htm>.
- ^{xviii} United States Department of Health and Human Services. (2003). *Treatment methods for kidney failure: Hemodialysis*. Washington, D.C.: National Kidney and Urologic Diseases Information Clearinghouse, p. 2. Retrieved August 2006, from <http://kidney.niddk.nih.gov/kudiseases/pubs/kidneyfailure/>.
- ^{xix} The Forum of ESRD Networks (2004, November). *Summary report of the End Stage Renal Disease (ESRD) networks' annual reports, 2003*. Midlothian, VA: Author, p. 79. Retrieved August 2006, from <http://www.cms.hhs.gov/ESRDQualityImproveInit/downloads/Annual%20Report%202003.pdf#search=%22Summary%20of%20End%20Stage%20Renal%20Disease%20Networks%20Annual%20Reports%22>. The data provided in this report is based on a compilation of data acquired from the 18 dialysis networks contracted by the CMS to serve as the liaison between the federal government and providers of ESRD services. The data represent over 300,000 dialysis patients.
- ^{xx} US Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Washington, DC. Retrieved July 2006, from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.
- ^{xxi} National Mental Health Association. (2003). *Recovery at work: A guide to implementing successful employment services for people with psychiatric disabilities*. Alexandria, VA: Author. See Chapter 2, p.46. Retrieved July 2006, from <http://www.nmha.org/pbedu/adult/EmploymentManual.pdf>. See also: U.S. Department of Health and Human

- Services. SAMSHA National Mental Health Information Center. *Mental illness is not a full time job*. Washington, DC. Retrieved July 2006, from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA96-3102/default.asp>.
- ^{xxii} See, for example: Leach, S. and Campagnolo, D. (2005). *Strategies for fatigue management and energy*. Jackson Heights, NY: United Spinal Association. Retrieved July 2006 from: <http://www.unitedspinal.org/publications/msqr/?p=41>.
- ^{xxiii} National Organization on Disability. (2004, June).
- ^{xxiv} Loprest, P., and Maag, E. (2001, October). *Barriers to and supports for work among adults with disabilities: Results from the NHIS-D*. Washington, D.C.: U.S. Department of Health and Human Services. p. 12. Retrieved July 2006, from <http://www.aspe.hhs.gov/daltcp/reports/barriers.htm>.
- ^{xxv} Loprest, P. and Maag, E. (2001). p. 13.
- ^{xxvi} Loprest, P., and Maag, E. (2001). p. 12.
- ^{xxvii} Loprest, P., and Maag, E. (2001). p. 12.
- ^{xxviii} Lightfoot, E., and Lum, T. (2006, January). *An analysis of work accommodation rates for older adults since the implementation of the Americans with Disabilities Act*. Fairfax, VA: Society for Social Work and Research. Retrieved July 2006, from <http://www.sswr.confex.com/sswr/2006/techprogram/P4146.htm>. Data are based on the first five waves of the Health and Retirement Study, which draws from a nationally representative sample of individuals between the age of 50 and 60 years of age in 1991. The total sample was 9,771.
- ^{xxix} WF2010 analysis of the fact sheet series compiled by the Job Accommodation Network, at <http://www.jan.wvu.edu/media/ideas.html>. Total number of fact sheets is 37.
- ^{xxx} Employee Guidance at the Office for Personnel Management, http://www.opm.gov/disability/8-03_employeeguides.asp; and the Equal Employment Opportunities Commission at <http://www.eeoc.gov/facts/accommodations-attorneys.html>.
- ^{xxxi} See, for example: U.S. Department of Health and Human Services. SAMSHA National Mental Health Information Center. *Mental illness is not a full time job*, and *Work as a priority: A resource for employing people who have serious mental illnesses and are homeless*. Washington, DC. Retrieved July, 2006 from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA96-3102/default.asp> and from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA03-3834/chapter5.asp>.
- ^{xxxii} For further information, see American Cancer Society. (2005). *What supervisors can do: What should I expect when an employee is diagnosed with cancer?* Washington, D.C.: Author. Retrieved July, 2006 from: http://www.cancer.org/docroot/MIT/content/MIT_2_3X_What_Supervisors_Can_Do.asp?sitearea=MIT. Dickson, J. (2006). The ADA and employment. *InsideMS* 24(1). New York, NY: National Multiple Sclerosis Society. Retrieved July, 2006 from: <http://www.nationalmssociety.org/IMSFeb06-ADAEmployment.asp>. National Mental Health Association. (n.d.). *Recovery at work: A guide to implementing effective employment services for people with psychiatric disabilities*. Alexandria, VA: Author. Retrieved July, 2006 from: <http://www.nmha.org/pbedu/adult/EmploymentManual.pdf>. United Cerebral Palsy. (2006). *Job accommodations: Situations and solutions*. Washington, D. C.: Author. Retrieved July 2006 from: http://www.ucp.org/ucp_channel/doc.cfm/1/17/11928/11928-11928/4607. Leach, S., and Campagnolo, D. (2005). *Strategies for fatigue management and energy*. Jackson Heights, New York: United Spinal Association. Retrieved July, 2006 from: <http://www.unitedspinal.org/publications/msqr/?p=41>.
- ^{xxxiii} See Center for Workforce Preparation (2004). *Dispelling the myths: How people with disabilities can meet employer needs*. Washington, D.C.: Author. Retrieved August 2006, from <http://www.uschamber.com/cwp/strategies/disabilities/default.htm>.
- ^{xxxiv} U.S. Department of Health and Human Services. (2001, September). *Research on employment supports for people with disabilities: Summary of the focus group findings*. Washington, D.C: Author, p. 50. Data are based on focus groups and interviews with a sample of 284 participants located in Los Angeles, California (N=104), Newark, New Jersey (N=72), and Seattle/Tacoma, Washington (N=108). Participants were required to be age 18 or over, employed for at least 1 year with annual earnings over \$8,240, and who had a "significant" disability that developed prior to the individual's participation in the labor force. Researchers defined "significant disability" as a condition that would qualify the individual for SSI or DI benefits.
- ^{xxxv} Burkhauser, R., Butler, JS., and Weathers, R. (2001). *How policy variables influence the timing of social security disability insurance applications—Policy brief*. Ithaca, NY: Employment Disability Institute. Retrieved August 2006, from <http://digitalcommons.ilr.cornell.edu/edicollect/89>. Data are derived from analysis of the Health and Retirement Study, a longitudinal data set that tracks the behavior and economic well-being of a representative cohort of men and women born between 1931 and 1941 and their spouses. For this analysis, the authors utilized subset of respondents who were employed by someone else and reported an impairment or health problem that both limited the kind or amount of paid work they could perform and that they expected to last for at least three months. The sample included 848 men and 642 women.
- ^{xxxvi} Bouknight, R., Bradley, C., and Luo, Z. (2006). Correlates of return to work for breast cancer survivors. *Journal of Clinical Oncology* 24(3), 345-353. Data are derived from the Metropolitan Detroit Cancer Surveillance System. N=

416 at 12 months, and 407 at 18 months. Sample consisted of women who were working 3 months before their cancer diagnosis.

^{xxxvii} Job Accommodation Network. (2005). *Workplace accommodations: Low cost, high impact*. Morgantown, West Virginia: Author. Retrieved July 2006, from <http://www.jan.wvu.edu/media/LowCostHighImpact.pdf>.

^{xxxviii} Jacobs, J.A., & Gerson, K. (2004). *The time divide: Work, family, and gender inequality*. Cambridge, MA: Harvard University Press, p. 44. Nationally representative of non-institutionalized population 16 and over; from authors' analysis of CPS data.

^{xxxix} University of Connecticut and Rutgers University, Center for Survey Research and Analysis and John J. Heldrich Center for Workforce Development (1999). *Work and family: How employers and workers can strike the balance*. Storrs, Connecticut & New Brunswick, New Jersey: Author, p. 2. Nationally representative based on a survey of 1,000 adult members of the U.S. workforce.

^{xl} Galinsky, E., Bond, J.T., & Hill, E.J. (2004). *When work works: A status report on workplace flexibility. Who has it? Who wants it? What difference does it make?* New York, NY: Families and Work Institute. Retrieved January 2006, from <http://familiesandwork.org/3w/research/downloads/status.pdf> (Nationally representative of U.S. adults aged 18 and older who are employed full or part time; based on survey of 1,0003 adults and stratified to U.S. Census Bureau data).

^{xli} U.S. Department of Labor (2005). *Workers on flexible and shift schedules, 2004 summary*. Washington, D.C.: Bureau of Labor Statistics. Retrieved November 2005, from <http://www.bls.gov/news.release/flex.toc.htm>. (Nationally representative of non-institutionalized population 16 and over; data is derived from the Current Population Survey (CPS), a monthly survey of about 60,000 households conducted by the Bureau of the Census that serves as the primary source of information on the labor force characteristics of the U.S. population.)

^{xlii} U.S. Census (2004). *Working at Home: 2000*. Washington, D.C.: Author. Retrieved November, 2005, from <http://www.census.gov/population/www/socdemo/workathome.html>. It is important to note that the Census defines telecommuting as working from home at least three out of five days per week. As a result, it is very likely that Census data underestimates the true number of telecommuters, such as individuals who work from home one or two days per week.

^{xliii} Office of Personnel Management. (2005, December). *The status of telework in the federal government 2005*. Washington, D.C.: Author. Retrieved December 2005, from http://www.telework.gov/documents/tw_rpt05/status-intro.asp, p. 5. Approximately 41% of federal employees were eligible to telework during 2004 (N=752,337), and the total number of employees teleworking was 140,694. The survey was sent to 86 federal agencies, and 82 agencies responded (a 95% response rate).

^{xliiv} CCH Incorporated (2005). *2005 CCH unscheduled absence survey: Costly problem of unscheduled absenteeism continues to perplex employers*. Riverwoods, IL: Author.

^{xliv} CCH Incorporated (2005). *Press Release: CCH reviews unscheduled absence trends over past 15 years*. Riverwoods, Illinois: Author. Retrieved December 2005, from <http://www.cch.com/Press/news/2005/200510122h.asp>.

^{xlvi} Tombari, N. & Spinks, N. (1999). The work/family interface at Royal Bank Financial Group: Successful solutions – a retrospective look at lessons learned. *Women in Management Review* 14(5), p. 191. Based on an internal retrospective analysis of employee experiences with family life and flexibility initiatives.

^{xlvii} See for example, Galinsky, E., Bond, J.T., and Hill, E.J. (2004); Rose, K.L. (1998, August). The business case for FLEX. *HR Focus* 75(8), S1; Golden, L. (2003, February). *Flexibility gaps: Differential access to flexible work schedules and location in the U.S.* Paper presented at the International Symposium on Working Time, Paris, France.